

CITY OF ASHLAND
PARKS AND RECREATION
Phone: 606 327-2046 Fax: 606 327-0095



ADULT BASEBALL LEAGUE

AGES 18 AND UP

\$100/team

Season Begins May 13th

Make check payable to: CITY OF ASHLAND
P.O. Box 1839 Ashland KY 41105

ENTRY DEADLINE MAY 6TH

10 GAME REGULAR SEASON

Single elimination tournament on May 13-14 to begin season.

Single elimination tournament on Aug. 6-7 to finish season.

Games will be played at Central Park and Shultz Creek

***Schedules will be available by May 11^h**

Team Name: _____

Coach: _____

Address: _____

Phone #: _____

Email: _____

- **\$60/game/umpire: Due prior to the start of each game.**
- **Teams will play one 9 inning game.**
- **Games will end after 3 hour time limit has been reached or 15 minutes before the start time of the next regularly scheduled game, whichever comes first.**
- **Teams will forfeit if not able to field a team within 30 minutes of regular start time.**
- **Mercy Rule: 10 run rule after 7 innings will apply.**
- **No smoking, profanity, or equipment abuse will be permitted.**
- **Ejections: 1st ejection = 2 game suspension. 2nd ejection = suspension for remainder of season, (\$25 fine for any ejection)**
- **Only players and coaches are allowed on the field/dugouts during games.**
- **All players must sign a release/waiver form prior to participation.**
- **If underage/additional players are needed to play, a release form must be signed by the legal guardian.**
- **At the conclusion of each game the winning team's coach is responsible for providing game results to Recreation office at 606 327-2046**
- **Please report any accidents/incidents to 606 327-2046.**
- **Games will begin at 2pm or later.**
- **Rain outs: Decisions on rain outs will be made by 12pm on the day of the game. Coaches may call 606 327-2046 for rain out information.**
- **Major League Baseball Rules will apply. (*see umpires prior to game for exceptions*)**
- **All games will be played on Sunday's unless otherwise noted.**

RELEASE

I release and hold harmless the City of Ashland, its staff, umpires and employees for any injury that may occur to me while participating in the City of Ashland Adult Baseball League. I understand that my participation is voluntary, and I accept any and all risks associated with my participation. I have read and understand every item on this form

Signature of Coach/Player or legal guardian:_____